DDE! IMINIA DY INCODMATION ANDWED CACH OF THERE OF ICCTIONS	REPORT 2021 Annual (Due: May 16, 2022)	FILER STATUS Member of the U.S. State: 1/17 House of Representatives District:	Name: Tred Upton		2021 FINANCIAL DISCLOSURE STATEMENT	WITED STATES HOUSE OF BEDBESENTATIVES
IDETIONS	Amendment Termination Date of Termination:	Officer or Employing Office: Employee	Daytime Telephon	, u	For Use by Members, Officers, and Employees	Form A
•	m. 1-3-23	∞: Staff Filer Type: (If Applic	A \$200 penalty shall be assessed againdividual who files more than 35 day	(Office Use Unity)	הביהים המשומס בשביהים	APR 25 2023

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PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

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E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	D. Did you, your spouse, or your dependent child have any repodable liability (more than \$10,000) at any point during the reporting period?	 Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? 	B. Did you, your shouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	 a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period?
Yes No	Yes No	Yes No	Yes No	Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Did any individual or organization make a donation to charity in fieu of paying you for a speech, appearance, or article during the reporting period?	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period?	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting period?	F. Did you have any reportable agreement or arrangement withan outside entity during the reporting period as in the current calendar years of the content of things?
YOU ANSWER "YES"	* * * * * * * * * * * * * * * * * * *	Yes No	Yes	Yos No

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

EXEMPTION — Have you excluded from this report any other assets, "urbarned" income, transactions, or liabilities all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	IPO – Did you purchase any shares that were allocated as a p contact the Cornmittee on Ethics for further guidance.
EXEMPTION — Have you excluded from this report any other assets, "unexamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded use, or dependent child?	IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Cornmittee on Ethics for further guidance.
Yes No X	Yes No	Yes No X

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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A S <u>≒¤,≅</u> If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. Exclude: Your personal residence, including secon fromes and vecation homes (unique there was rent fromes during the reporting period); and any financi interest in, or income derived from, a federal retirement For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic For bank and other cosh soccurts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than For all IRAs and other retitement plans (such at 401(k) plans) provide the value for each esset hald in the account that exceeds the reporting thresholds. For rental and other real property held for investment provide a complete address or description, e.g., "rantel \$1,000 in interest-beering accounts For a detailed discussion of Schedule A requirement program, including the Thrift Savings Plan ocation in Block A. property," and a city and state. Provide complete names of stocks and mutual fund (do not use only ticker symbols). during the year hat generated more than \$200 in "uneamed" incom and (b) any other reportable asset or source of incomi lentify (a) each asset held for investment or roduction of income and with a fair market value xceeding \$1,000 at the end of the reporting period. you report a privately-traded fund that is an Except vestment Fund, please check the "EIF" box. ase refer to the instruction booklet Assets and/or income Sources JPMerson cheling Act 5 3rd Beak Acts Peos øρ ß 137 Fed. C. Barow And 4444 Menta Com. Store ABC Hodge Fund Simon & Schuster BLOCK A Trest les Sawing) 8 8 mk7 × 川 If an esset was sold during the reporting period and is included onlibecause it generated income, the value should be "None." None "Column M is for assets held by your spouse or dependent child in which Indicate value of easet at close of the reporting period. If you use a valuation method other than felt market value, please specify the method used. you have no interest > \$1-\$1,000 ₩, \$1,001-\$15,000 O \$15,001-\$50,000 0 \$50,001-\$100,000 m **Value of Asset** \$100,001-\$250,000 77 BYOCK B × \$250,001-\$500,000 × Ø \$500,001-\$1,000,000 Ŧ _ \$6,000,001-\$25,000,000 \$25,000,001-\$50,000,000 * Over \$50,000,000 _ Spouse/DC Asset over \$1,000,000* Ė (Rheck all columns that apply. For accounts that pensents tax-deferred income (auch as 401(f), IRA, or 529 accounts), you may check the "Tax-Defaired" column. Dividends, interest, and capital gains, even If referented, must be disclosed as income for assets held in taxable accounts. Check "None" if the esset generated no income during the reporting period DIVIDENDS RENT columns that apply. For INTEREST Type of Income **CAPITAL GAINS** BLOCKC EXCEPTED/BLIND TRUST TAX-DEFERRED : Pathership Other Type of Income (Specify: e.g., Partnership Income or Farm Income) category of income by checking the appropri Dividends, interest, and capital gains, even must be disclosed as income for assets in may check the "None" column. For all other ass For assets for which you directed "Tex-Defense" *Column XII is for assets held by your spouse or dependent child in which you have no interest. accounts. Check "None" if no income was earned or generated. \$1-\$200 = X \$201-\$1,000 = \$1,001-\$2,500 ₹ × Amount of Income \$2,501-\$5,000 < × × \$5,001-\$15,000 ≤ BLOCK D ≦ \$15,001-\$50,000 \$50,001-\$100,000 ≨ \$100,001-\$1,000,000 × \$1,000,0001-\$5,000,000 × Black C, you box below 5 446 Over \$5,000,000 × Spouse/DC Asset with Income over \$1,050,000* × w Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting If only a portion of an asset was sold, please indicate as follows: (S (port)). biank if there are no transactions that exceeded \$1,000. Deriod Š Transaction eave this column S, S(part), or E BLOCKE

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SCHEDULE B - TRANSACTIONS

Report an	y purchase, sale, or eachange transactions that exceeded \$1,000 in the	Tw. 12	Type of Transaction	action	4	_	Date				À			Amount of Transaction	³			
dependent resulted in Exclude tr	dependent childright investment on the production of income, include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the					Exceeded		*		С .	O	m	n	a	ж	-	-	*
punchase or only a port transaction.	purchase or sale of your personal residence, unless it generated remisi income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.					ppital Gain	(MOBAYR) or Quarterly									<u>.</u>	10	r
Capital Go check the disclose th	Cepital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a thi-deferred account, and disclose the capital gain income on Schedule A.	tiuse	<u>.</u>	Sat Salo		0	Monthly, or B- weekly, if works, if	00i- 000	001- 000 -	,001- 0,000	0,001- 0,000 	0,001- 0,000	00,000 00,000	00,001- 00,000	00,001- 000,000	000,001- 000,000	\$50,000,0	\$1,000,000 wae/DC #)
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SCHEDULE B - TRANSACTIONS

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Page /9 of

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8P.DC, JT Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-determed account, and disclose the capital gain income on Schedule A. Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent children framework and in capital loss. Provide a brief description of an exchange transaction tractled transactions between you, your spouse, or dependent children, or me purchase or sale of your personal residence, unless it generated rental knowns. If only a portion of an asset is sold, please choose "partial sale" as the type of control of an asset is sold, please choose "partial sale" as the type of Column K is for assets solely haid by your socuse or dependent child. 왕 no ourusting in Their volves. Transactions done in Shopit directo Conoca phillips 298 There T.P. Sago Netflix Presentive Deere America Corp Ester Louder North Big Mons ter Schuck Raythear Mega Corp. Stock Ted by me -Greny monyed Berese Asset Roker There į × × × × Type of Transaction X × Sale 1 × × Partial Sale . Exchange • Check Box If Capital Gain Exceeded \$200 × 145per 5/m/22 मिन्न/2प 2/10/22 2/1/22 1/5/22 5/1/22 22/1/2 Studes 1/2/23 cfeet 22 2/8/22 QUORDAYR) or Quarterly Quarterly, or Bi-wealthy, or Bi-septimation 6/W/ZZ Date 3921 \$1,001-\$15,000 × × ٣ R \$15,001-\$50,000 ø \$50,001-\$100,000 a į \$100,001 ø \$250,000 mount of Transaction \$250,001 \$500,000 m \$500,001 \$1,000,000 \$1,000,001 6 \$5,000,000 \$5,000,001-\$25,000,000 I \$25,000,001 \$20,000,000 Over \$50,000,000 : Over\$1,000,000* (Spouse/DC Asset) *

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SCHEDULE D - LIABILITIES

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to you by a spouse or the child, parent, or sibling of you or your spouse. Report \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor af any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and fiabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving account (i.e., credit card) only if the balance at the close of the reporting period exceeded

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<u> </u>						DC. 77	•
	•				Example	,	
	2	OW			First Bank of Wilmington, DE	Creditor	
				j	5/20	Date Liability Incurred MO/YR	
			-		Mortgage on Rentel Property, Dover, DE	Type of Liability	1 1
				:	-	\$10,001- \$15,000	
	•					\$15,001- \$50,000	
					_	\$50,001- \$100,000]
			_		×	\$160,001- \$260,000]
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						\$500,001- \$1,000,000	Amount of Liability
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						\$25,000,001- \$50,900,000	
		-			 	Over \$50,000,000 <	
					. 4:	Over \$1,000,000* (Spouse/DC ~ Liability)	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustae of an organization, partner, proprietor, representative, employee, or consultant of any experiation, firm, partnership, or other business enterplase, nonprofit organization, labor organization, or educational or either institution other than the United States. Exclude:

Position	Position Name of Organization
OWNER	Upton Asset Mit.
awner tal sporse	SEU Limit & Participalis
Truste	SEVE bounded Purposition
Toucha	EVU LLC (Family without)
Tenante Wisponse	LAS N Downs DV LLC
Based Member	Sow. Michigan First Corpinal 12/22)

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$415 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (AECEA)	Aug. 6-11	DO-Belling, Ching-DC	≠	~	
	Habitet for Humanity (Cherty Fundaiser)	Nar. 3-4	DC-Bastox-DC	4	٧	
Air	Aspen Inst. Congressional Reague My 29- Time 5	May 29- Sine 5	Detroit-beneva-De	Y	~	
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ALE	AIPAL Eductional FUR	6/26 - 6/30	Detroit - Javisakan - Detroit	Y	Y	
Asp	Aspen Inst. Congressional Progress	8/28-9/2	DC - Reykjapik- DC	Y	y	
2,0	Represent Specify Coniblation 18 11/14	11/11 -8/11	Definit- Madull- DC	~	×	
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